

STATE OF HAWAII  
 Department of Accounting and General Services  
 Division of Public Works

**MONTHLY ESTIMATE**

FOR THE MONTH OF March 2011

Date: April 1, 2011

CONTRACTOR: RK Construction Company LLC

ADDRESS: 2600 Pualani Way #2104

Contract No. 59554

City, State ZIP: Honolulu HI 96815

DAGS Job No. 12-14-7405

PROJECT TITLE: Department of Defense, Wahiawa Armory, Accessibility Improvements

**CONTRACT**

Basic Contract Amount \$ 220,888.00

<b>FOR INSPECTION BRANCH USE</b>	
<input type="checkbox"/> SUBMITTAL REGISTER	<input type="checkbox"/> COMMENCEMENT REQUIREMENTS
<b>DUE MONTHLY:</b>	
<input checked="" type="checkbox"/> PROJECT SCHEDULE - INITIAL & ONGOING	
<input checked="" type="checkbox"/> DAILY REPORTS	<input checked="" type="checkbox"/> PAYROLL AFFIDAVITS
<b>MONTHLY ESTIMATE CHECKLIST</b>	
<input checked="" type="checkbox"/> CONTRACT NUMBER	<input checked="" type="checkbox"/> PROJECT NAME & LOCATION
<input checked="" type="checkbox"/> ALL SIGNATURES	

**CHANGE ORDERS**

Total \$ 1,819.00

Adjusted Contract Amount \$ 222,707.00

**WORK ACCOMPLISHED**

		<u>Basic Contract</u>	<u>Change Order</u>	<u>Total</u>
Completed to Date	91.40%	\$ <u>201,888.00</u>	100.00% \$ <u>1,819.00</u>	\$ <u>203,707.00</u>
Retained	<b>REDUCED [ ]</b>	\$ <u>17,780.00</u>	\$ <u>90.00</u>	\$ <u>17,870.00</u>
Amount Subject to Payment		\$ <u>184,108.00</u>	\$ <u>1,729.00</u>	\$ <u>185,837.00</u>
Payments to Date		\$ <u>151,784.00</u>	\$ <u>-</u>	\$ <u>151,784.00</u>
Payments Now Due		\$ <u>32,324.00</u>	\$ <u>1,729.00</u>	\$ <u>34,053.00</u>

Payment No. **FINAL [ ]** 4

Remarks:

No chlordane detected, therefore variable quantities not needed.

I certify that this contract is subject to HRS 103-55.6 (Act 17, SLH 2009) and that the attached Certification Form 2 has been properly completed. I also understand that without a properly completed Certification Form 2 that my payment may be withheld until it is properly completed and submitted.

I certify that this contract is not subject to HRS 103-55.6 (Act 17, SLH 2009).

1. Computed and Checked by:

1. I certify under oath that I am an officer of the company and that my workforce complies with Act 68, Session Laws of Hawaii 2010 which requires not less than 80% of the workforce to be Hawaii State residents.

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

King Peterson 4/5/2011  
 Project Inspector or Engineer Date:

John M. S. [Signature] 4/5/2011  
 Area Engineer/Architect Date:

Clyde K. Kuebler APR - 5 2011  
 Branch Chief or District Engineer Date:

RK Construction Company LLC  
 Name of Contractor

Karen Ching, Manager  
 Print Name and Title of Officer Title of Company Officer

5. Approved:  
 The Public Works Administrator certifies that change orders have been issued and the work performed.

[Signature] 4/1/11  
 Signature of Company Office Date

[Signature] APR - 6 2011  
 State Public Works Administrator Date:





**STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES  
DIVISION OF PUBLIC WORKS  
Monthly Payment Slip**

**PAYMENT NO.:** 4

**PROJECT TITLE:** DEPARTMENT OF DEFENSE - WAHIAWA ARMORY, ACCESSIBILITY IMPROVEMENTS

**BILLING MONTH:** March-11

**DAGS JOB NO.:** 1 2-14-7405

**CONTRACT NO.:** 59554

**CONTRACTOR:** RK CONSTRUCTION COMPANY, LLC

**VENDOR CODE:** 31617900

**Original Contract Payment**      Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B09-439M	\$12,695.18	\$1,366.18	\$11,329.00
02	509-278M	\$23,526.82	\$2,531.82	\$20,995.00
<b>Totals:</b>		\$36,222.00	\$3,898.00	\$32,324.00

**Change Order Payment**      Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B09-439M	\$1,819.00	\$90.00	\$1,729.00
<b>Totals:</b>		\$1,819.00	\$90.00	\$1,729.00

**Grand Total:**      \$38,041.00      \$3,988.00      \$34,053.00

*Lloyd Ogata*      4/7/2011  
Verified By      DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    31617900

Cost Code      3A1

Voucher No.    04073N32 & 04074N32

Verified By    *pro*    4/14/11